

BEST AVAILABLE COPY

Index of Claims 		Application No.	
		09/670,870	
		Examiner	
		Daniel Swerdlow	
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> = Allowed		<input type="checkbox"/> (Through numeral) <input checked="" type="checkbox"/> Cancelled <input type="checkbox"/> + Restricted	
<input type="checkbox"/> N Non-Elected <input type="checkbox"/> I Interference		<input type="checkbox"/> A Appeal <input type="checkbox"/> O Objected	
Claim	Date	Claim	Date
Final	Original	Final	Original
1	3/28/86	51	
2		52	
3		53	
4		54	
5		55	
6		56	
7		57	
8		58	
9		59	
10		60	
11		61	
12		62	
13		63	
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47		97	
48		98	
49		99	
50		100	
Claim	Date	Claim	Date
Final	Original	Final	Original